

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF TENNESSEE
WESTERN DIVISION

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THOMAS M. GOULD
CLERK, U.S. DISTRICT COURT
W.D. OF TN, MEMPHIS

Charles Hurst # 428148

(Enter above the full name of the Plaintiff
or Plaintiffs in this action.)

VS.

Tennessee Dept. Of Correction, et. al.

Ms. Tracy Howell; Mr. Cosby; Nurse

Practitioner Doaks; Health Adm. Robert

Commissioner

Preston; Warden Cherry Lindamood; Derrick Schoefield

(Enter above the full name of the Defendant
or Defendants in this action.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS UNDER 42 U.S.C. §1983

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (✓)

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs:

N/A

N/A

Defendants: N/A

N/A

2. Court (If Federal Court, name the District; If State Court, name the County) : N/A

3. Docket Number : N/A

4. Name of judge to whom case was assigned : N/A

5. Disposition (for example: Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit: N/A

7. Approximate date of disposition: N/A

II. Place of Present Confinement: Whiteville Correctional Facility

A. Is there a prisoner grievance procedure in the Institution? Yes (☒) No ()

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes (☒) No ()

C. If your answer is yes:

1. What steps did you take? I filed the grievance(s) upon these matters within this Complaint on all three (3) levels required.

2. What was the result? All of the answers were the same; non-grievable and the ruling authorities sided with the defendants.

D. If your answer is No, explain why not: N/A

N/A

III. Parties (in Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

Name of Plaintiff Charles Hurst # 498148

Address Whiteville Correction Facility; P.O. Box 679; Whiteville, Tenn. 38075

(In Item B below, place the full name of the Defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use Item C for the names, positions, and places of employment of any additional defendants.)

B. Defendant Nurse Practitioner Doaks is employed

as Nurse Praitioner

at Whiteville Correction Facility

C. Additional Defendants: Mr. Cosby - Counselor; Ms. Howell - Counselor;

Robert Preston - Health Administrator; Warden Cherry Linda moods;

(All employed at Whiteville Correctional Facility); and Commissioner

Derrick Schoefield - Commissioner of T.D.O.C.; Tenn. Dept. of Correction, et. al.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal argument or cite any cases or statues. If you intend to allege a number of related claim, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

This is a claim of medical negligence, malpractice, and

discrimination against me whom is one that's deemed

disabled by the State Government of the State of Tennessee.

Whereas The Nurse Practitioner, Ms. Doaks; The Health

Administrator, Robert Preston; and the other aforementioned

defendants ~~has~~ directly provided me the urgent medical

Care that is needed to sustain my life, and has risked

my health by denying me the continual treatment that

outside physicians has stated I "must" have. There are medical records that are attached to support the claims herein.

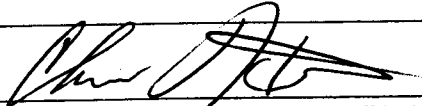
V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no case or statutes.

I'm seeking monetary damages for discrimination against the disabled, pain and suffering due to medical negligence towards the ailments that I have, and medical malpractice for taking oxygen that's needed and for taking a privately purchased wheelchair that's required of me to be mobile. The oxygen and wheelchair is what I had before even being incarcerated, and I'm seeking damages for cruel and unusual punishment for refusing to feed me and properly medicate me as required and for program discrimination. I'm requesting monetary awards for feeding myself.

I (We) hereby certify under penalty of perjury that the above petition is true to the best of our information, knowledge, and belief.

Signed this _____ day of _____, 20____.


(Signature of Plaintiff/Plaintiffs)